



LAO PEOPLE'S DEMOCRATIC REPUBLIC

Peace Independence Democracy Unity Prosperity

**MIDTERM REVIEW OF THE
IMPLEMENTATION OF THE
RESOLUTION OF EIGHTTH
PARTY CONGRESS ON
HEALTH SECTOR**

November 2008

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PART 1: Midterm Review of Health Development Plan 2006-2010

1. Particularities of health and health sector

Party concept; human being is the at most elaborated product of the nature and society. Health is a precious capital for individual, family and society. Health is steward object for the health sector. The quality care is a humanitarian activity for providing good quality workforces for the defense and the edification of the country. It is the top priority of the party and the government

The investment in health is not wastage spending but the investment for socio-economic development, for the defense-security and it is reflecting the qualities of the new system. These verities request for adequate investment, as much as possible, in terms of human resources, capital investment, infrastructure, materials, operational expenses appropriately with the real needs and capacities in each period.

2. Environment conditions become both opportunities and challenges. We have the opportunity to apply new advanced science-technology and management from external source. However, we are also confronting with challenges from inside ourselves for overcoming the difficulties in order to build and strengthen our own capacities.

Old challenges: Health is closely linked with war or peace; with social stability and security, linked with poverty, hunger or malnutrition (stunting, underweight), linked with preventable morbidity, linked with illiteracy or level of education, linked with superstitious beliefs, linked with risky lifestyle.

New Challenges: In the conditions of globalization and international integration, in the condition of market economy under the leadership of the Party and the management of the Government, the climate warming has facilitated the emergence or re-emergence of diseases such as HIV/AIDS, SARS, avian influenza, mad cow disease etc. Health is also linked with the quite robust growth of socio-economic development in the country because the development has changed people's lifestyle both in better and worse ways. For examples, in the negative way: smoking, illicit drug abuse, over alcohol drinking related accidents, physical inactivity leading to diabetes, hypertension, cardiovascular diseases, stroke, contaminated food and cancer. The international and regional integration had increased threats to health, to food and drug safety at the higher level.

All these above challenges are created from outside and before the health sector but at the end they become all the responsibilities for the health sector. These old and new challenges require us to expand our disease prevention outside and before our sector at the moment, where they are emerging to jointly with other sectors to solve them. Our party uses to say: "Health is the endeavor for whole the Party, whole the state and whole the people, For example, prevention

first must be combined with important curative care, modern and traditional medicine must be integrated”

3. The fundamental long term contradictions are:

In the condition of the globalization compared to the region and the world, compared to ASEAN, we have started from the very low level due to the long period of war and underdevelopment. In addition, poverty, maternal & child mortality rates and malnutrition remain very high, despite significant decline. Moreover, the global warming has contributed to the emergence of new diseases. Due to the acceleration in economic development, it results in the rapid increase of the demand for better services unmet by the supply capacity, especially in terms of human resource, in terms of infrastructure and funding.

Despite these challenges, following the Party and Government’s policy and guidance, through commitment of related sectors and local authorities, through the dedicated contribution of health workers, through the continued and efficient external supports especially from bilateral and multilateral cooperation, the health sector had focused on the decentralization to the grassroots level at both the central and peripheral levels. 4 contents and 4 objectives are extensively implemented through staff education, removal of bottlenecks, improvement of health system, human resource capacity building, improvement of organization and working arrangements, increasing the hygiene, prevention & health promotion campaign: through expansion of ‘**Healthy Model Village**’ in the frame of Developed Village and Group of Villages through the maternal mortality reduction campaign, through the child survival campaigns, through the nutrition linked with disaster and epidemics preparedness, for making changes from the bottom up:

Following the Political Bureau directive, developing the guidance of the Lao PDR President for the health sector on 22 January 2007, following the Prime Ministerial decree no. 09 and additional Order no. 13, the Ministry of Health has expanded and increases the decentralization to the grassroots. In one side, it has educated health workers and students for improving their understanding the importance of the decentralization mobilization. In another side, it has provided health education to the people of all ethnicity for giving them the knowledge and capacities for protecting and promoting their own health.

4. Main Achievements:

At the **small nomadic villages** associated with the slash & burn cultivation, villages 5668 drug kits are provided to the those who cannot to access to basic health services in addition to more than 1800 private pharmacies allowing to cover 98% of remote villages. Healthy lifestyle has been strongly promoted, i.e. the 3 cleans: drinking boiled water, eating cooked foods, utilizing latrine). 1.19 millions bed nets were distributed and protected 3.3 millions of people at risk. Contraceptives and condoms have also been distributed for helping women for family planning, birth spacing and preventing HIV/AIDS & STI. Immunizations had permitted to reducing seven main preventable diseases, the country is still enjoying polio free status and measles immunization campaign had reached 96%. Malnutrition or micronutrient deficiency has given more attention: iodine salt consumption reaches more than 85%; Vitamin A and Iron supplement

and deworming drugs are largely available. Traditional birth attendants, midwives and skilled birth attendants (SBA) have been trained for assisting safe delivery at home, at delivery house, at maternal waiting house, health center replacing unsafe delivery practice in the forest in some ethnic groups. In case of complications, transfers are encouraged to the level where these complications could be managed. In cooperation with leaders and members of the National Assembly, in cooperation with international medical mobile teams, quality care are dispatched for providing outreach services including cataract surgery free of charge changing new hope and life for them (for example, working with Vietnam teams from Hanoi, Hochiminh or from sister provinces; or working with teams from China, Japan, Korea, France, Australia, Germany, Switzerland, Singapore, USA etc...). The government has endorsed the national nutrition policy.

74% of population can access the safe water, 49% of them have access to latrine and 20% of schools have latrines. When there is epidemics outbreak or flooding, surveillance-detection-response teams have been dispatched rapidly and timely including providing assistance to Myanmar after Nargis. For example, prevention and control of avian influenza in Nabong, Savannakhet, and Champasack in 2006; in Vientiane Capital, Savannakhet and Chapasack in 2007; in Luang Namtha and Luang Prabang in 2008; cholera in Thateng in 2007. In every village, under guidance of maternal and child committee at different level, there is village health committee (village chief as the chair; village health volunteer, traditional midwife, medical staff as technical staff; representative from Lao Edification Front, Lao Youth Union, Lao Women Union, as member).

At **larger village or Group of villages**, in cooperation with government budget, people's participation, external assistance from ADB, WB, Luxemburg, Belgium, etc, the ministry has newly constructed or renovated and improved 789 health centers which gradually provide better services.

At **district level**, every district has district health office and district hospital which could provide more advance services than the health center with the assistance from Japan, ADB and WB to enable 22 district hospitals to provide surgical services to help maternal mortality reduction.

At **provincial level**, every provincial hospital have been upgraded or reconstructed.

- Upgrade: in Phongsaly, Bokeo, Xiengkouang, Xayabury, Khammuang, Savannakhet, Champasack, Xekong, Saravan;
- New construction: in Luang Namtha, Oudomxay, Luang Prabang, Huaphan, Vientiane.

At **central level**, every central hospital have been upgraded and reconstructed, for example, inpatient ward building at Setthatirat hospital; emergency building at Friendship hospital; cardiology building, infection control building, emergency, dental building at Mahosot hospital; new mater and child hospital is being constructed.

Through the decentralization to the grassroots, the Ministry has promoted prevention first combined with curative care as a comprehensive set, and consequently making change in lifestyle and behavior towards healthy way; and impacting on the superstitious practices. The people's quality of life has been improved. The maternal and child mortality had been significantly decreased. The life expectancy has been increased (64 years in 2006 according to UNICEF), indicating that the target of 63.5 years defined by the sixth NSEDP.

If all these are possible because they are due to the dedication and efforts to implement the tradition of the party policy of practices in strongly mobilize the campaign. "Moving to the grassroots development, by implementing 4 contents and 4 objectives and making changes from bottom up". This policy is at the same time the orientation, the strategy, the plan, the program, the project, the goal, the measure and the way of working people.

Based on the lesson learned for the decentralization to Xekong province, developing the guidance from the party and government the Ministry of Health has extended these lessons to all other provinces in the country, to priority districts through the Complex of Hospital-Institute-Project-University Complex (CHIPU) by taking hospitals as the core, for examples:

- Give Mahosot hospital the responsibility to support Salavan, Xekong, and Attapeu provinces by coordinating with Champasack as focal base;
- Give Mother and Child Hospital the responsibility to support Huaphan, Xieng Khouang and Borikhamxay provinces;
- Give Settathirat Hospital the responsibility to support Phongsaly, Xieng Khouang and Oudomxay provinces ;
- Give the Friendship hospital the responsibility to support Bokeo, and Xayabury by coordinating with Luang Prabang as focal base;
- Give Savannakhet hospital self-reliance to supports its own districts for example Champhone, Song kone, Sepone, and Gnomalad in cooperation with Khammuan Province.
- Give Vientiane hospital self-reliance to support its own district hospitals such as Vangvieng, Sanakham.
- Give Khammuan hospital self-reliance to support its own district hospitals such as Yommalad in cooperation with Savannakhet Province.

The objective of these technical teams is to help the lower level in core specialties such as surgery, obstetrics & gynecology, anesthesia-resuscitation, pediatrics and nursing for improving the capacities and quality of care aiming to reduce maternal and child mortality.

The 8th Party Congress has called for the Improvement of the quality of service:

Implementing the Prime Minister decrees no. 52 and 381, hospitals had collected fees on medicine, medical consumables and supplies, laboratory services, imaging services and room fees with the additional operating cost between 5-25%. This recovery has gradually increased and allowed hospitals to run smoothly and impacting for improving better quality medical services in comparison with the period of the fully subsidized period. For examples significant increases of:

- Annual outpatient (OPD): ~1,500,000
- Annual inpatient (IPD): >360,000

- Annual major surgery : 15 000 cases
- Total cardiovascular surgery: ~310 cases;
- Annual laboratory tests: ~1,500,000 cases;
- Annual radiology imaging: ~125,000 cases;
- Ensure the availability of medicine, medical commodities and other daily expenses, which was often in short supply during the full subsidized period.

To implement the guidance of the Party , pilot reform is on going for changing the hospital financing mechanism aiming to improve quality of service; by giving incentives and result based salary and in the same time, by ensuring to the poor and the people access to the high quality of service.

Hospital are currently preparing plan changing their financial mechanism from collecting full service fee according to real expenses with appropriate margin, in order to ensure adequate funding for hospitals. The hospitals are preparing the cost sharing between direct budget support and hospital funding responsibility. In addition, user fee and incentive policy and the policy for the poor are object of studies.

In summary, although we have not yet achieved fully the objectives determined by the 8th Party Congress resolution, the decentralization to the grassroots has been implemented with diversified forms. The key target is to support the provinces to develop human resources development in the disciplines of surgery, anesthesia, resuscitation and pediatrics. For example, the MCH hospital has provided staff training for Xieng Khouang province, Huaphan province, Kham district, Samtai and Vienthong districts. The Mahosot hospital has assisted Xekong, Saravan and Attapeu provinces. The Setthatirat hospital had assisted Phongsaly province. The Friendship hospital had assisted Bokeo. The University Of Health Science (UHS) in collaboration with the University of Calgary, had dispatched the family medicine residents to Luang Prabang, Vientiane, Savannakhet and Champasack provinces. Now the Ministry is preparing to dispatch professors, associated professors, surgeons, obstetricians, aestheticians, pediatricians, nurses and etc, to provide further assistances to provinces in order to provide the friendly environment for new graduates to work in the grassroots. Regarding on hygiene and prevention, the Ministry has collaborate with the Ministry of Culture and Information to take IEC to grassroots, for examples, when avian influenza outbreaks in Vientiane capital, Savannakhet, Champasack and Luang Namtha provinces.

By implementing systemically the decentralization to the grassroots, healthy model village and Group of villages, as the implementing units, and as integrated component of development village and Group of development villages, had extensively emerged in the frame of:

- The primary health care (PHC) expansion project in the eight Northern provinces, supported by ADB.
- The health service improvement project in the eight southern provinces, supported by WB.
- The coffee and rubber plantation in Boliven Plateau, invested by Vietnam.

- The Nam Theung 2 hydropower dam in the Nakai plateau, in providing the model of profession and habitat resettlement, the integrated rural development.
- Working and lifestyle had changed in Virabury in the gold and copper mining project.
- Vangvieng and Sepone districts are becoming the model of the health planning & financing unit, in collaboration with Belgium.
- Vientiane Province is becoming the model of health strategic unit in collaboration with Luxemburg.
- Central hospitals have been renovated and modernized gradually especially in the spearhead services such as traumatology center, neurosurgery center, cardiovascular center and laboratory BSL3 in Mahosot hospital and in the Laboratory funded by Merieux Foundation.
- Modern health technology and science have been imported and utilized with mainly external assistance, from the loan partially and from the private investment from the friendly countries.
- Disease surveillance-detection and response system has been established and tested in the control of avian influenza epidemics in 2006, 2007 and 2008. The surveillance-detection-diagnosis-response capacity has been strengthened and trusted by the people in the country and by the international communities.
- It is expected that the MDG Goal 4 (reduction of child mortality) will certainly be achieved following the countdown in Cape Town,
- We can achieved more than 95% in the measles campaign to reach measles elimination by 2012;
- HIV/AIDS has been kept under control at the low prevalence level,
- Tuberculosis has been detected and treated effectively(DOTS),
- Malaria, which was used to be the main threat to health, has been controlled and had reduced its danger significantly through the assistance from the Global Fund, indicating that malaria is no longer in the top 10 morbidity and mortality list .

For improving systemically the quality of human resource development for health for facilitating the integration of theoretical teaching and practices, the Government had transferred the University Of Health Science (UHS) to the Ministry of Health, in order to create the integrated environment for the Complex Hospital-Institute-Project-University (CHIPU). This is to perform the clinical skill training for examination, diagnosis, treatment, resuscitation and rehabilitation which are important factors to improve the quality of services. After the transfer, the Faculty of Medical Science has been upgraded to the UHS in order to reach high quality of teaching, such as ideology, virtue, ethics, knowledge, clinical skills for providing medical care for the people. The Prime Minister has endorsed the decree on the Status, the organization and the functions of UHS. All faculties had achieved to reviewing its own term of reference. Bold reform is ongoing for the entrance and graduation examination including the quota allocation after graduation. In addition, the students and teachers have been mobilized to the grassroots. The Ministry has continued to cooperate with Vietnam to provide the specialty training on the laparoscopy surgery for adult and children. The Ministry continued to cooperate with the University of Ryukyu to train lecturers for UHS and 4 central hospitals. Continued specialty training on surgery, anesthetics, resuscitation, obstetrics & gynecology, pediatrics, radiology, laboratory are undertaken with France; internal medicine and pediatrics with Case Western Reserve University; obstetrics & gynecology with Freiburg University; and family medicine (with Calgary

University). With the Ministry of Education and the Public Administration & Civil Service Authority (PACSA) MOH is working for the acknowledgement of medical specialists level I and II, equivalent to Master and PhD degrees. With JICA, training in public health and leadership and management are provided for personnel from central, provincial and district level.

The health workers have been grown up both in quantity and quality.

- Total: 11,711 (female 6,751),
- Postgraduate: 582
- Undergraduate: 2,063
- Middle level: 4,219
- Low level: 4,707
- No qualifications: 140

In term of quality or competency, there are 120 general & obstetric surgeons; 3 cardiac surgeons; 3 urology surgeons; 11 orthopedic surgeons; 3 neurosurgeons; 75 obstetricians; and 96 pediatricians.

For scientific education and training, collaboration with all provinces and districts across the country data are completely collected and up to date for the human resource for health. Through this survey constraints and challenges were identified especially inappropriate quota request and quota allocation leading to uneven distribution in terms of quantity and structures.

Concerning the infrastructure for staff education and training, the renovation of faculty of pharmacy was completed in October with the assistance of Fabre Foundation. Currently renovating is on going for the main teaching building nearby the morning market. The construction of the Merieux Laboratory will be achieved in early 2009. The renovation of historical building has been planned. Lao Pasteur Institute will be constructed in 2009 and expect to complete in the mid 2010. The ministry is still seeking land and fund to construct the new UHS for the future

For promoting the rich potential “green gold” of the country, for promoting the long Lao traditional medicine and herbal pharmacy, our technical professional staff have moving down to the grassroots to survey and screening this rich heritage in cooperation with Vietnam, China, Japan (Tsumura), Korea, France (Fabre) and University of Illinois and make appropriate researches and upgrade our capacity closer to the international level. The private sector has exploited this potential. Our medical factories had produced numerous medicines such as: 228 items traditional medicine and 880 modern medicines to be utilized domestically and exported. Actually the domestic production can respond 62 % of the internal need for basic essential drugs the food and drug quality control and inspection teams are established at international border checking points. Fighting Counterfeit ARV, anti-malarial and TB drugs with the assistance from the Global fund are ongoing. For promoting quality and facilitating logistics, warehouses are constructed with the support from JICA Japan in Oudomxay, Luang Prabang, Vientiane,

Savannakhet and Champasack provinces. Merieux Laboratory will focus mainly on food security with the capacity to test DNA.

The prime minister has issued the decree no. 114 about the new organization and functions of the MOH. In collaboration with the Government reorganization committee, MOH continued to review and reform the role, the functions, the term of reference, the job description and standard for each unit. MOH has completed the self and peer evaluation for the staff from the deputy division director up. The party unit has been expanded. 30 years honor and rewards were bestowed and incentives donated in streamline with the capacities of the country of the moment.

The causes of the achievements:

- Correct general and sectoral Party and Government policies
- Active participation by all sectors, by provinces and districts, by mass organization and by the people of all ethnics
- the dedication of health staffs in whole health system including the system for assistance to the war victims and people with disabilities,
- Improved leadership improved working mechanism and working procedures, in particular the coordination mechanism
- Efficient supports from development partners.

5. Difficulties, Weaknesses and Challenges

- Health Sector Development Plan is not at the same pace at the same level for some aspects with the National Socio-Economic Development Plan, in particular, the improvement and extension of health services to the remotest grassroots;
- The health system cannot yet reach the people living in the remotest villages;
- Maternal and child mortality rates remain still too high, although they have been reduced significantly. Therefore, it requires more technical support and funding;
- The knowledge, the capacities, the responsibilities of some staffs are not high enough in particular, the ethics, the virtues, the ownership of some are not yet appropriate and transparent resulting in the low capacities for convincing the patients,
- The education and training for health personnel are not yet adequate enough mainly focuses are on quantity while quality is still poor and do not yet meet the real demand.
- The policy towards health staffs, in particular for those who have high competency, good performance and merits, are still limited especially for accreditation, bonus and other incentives.
- The combination between traditional and western medicines is not yet satisfactory.
- Food and drug inspection are not yet regular and not strict enough,
- People ownership for health prevention and promotion is still limited;
- The market economy impacts have created some negative behaviors.

The main and most decisive constraint is human resources:

Insufficient quantity: only 1.8 per 1000 people,

Professional structure is not responding to the real demand:

- No midwifery education & training;
- Stopping too early the medical assistants education and training,
- Clinical medical specialists are not yet recognized,

Level structure is not responding to the real demand:

- The low level staff are predominant: 80% at the health centers and districts,
- The request and use of quotas are not appropriate,
- The quality is not reaching the standard, in particular ethics and service manners,
- The staff recruitment, employment, rotation, retention are uneven, not corresponding to the discipline, to the capacity, to the skill, to political qualities,
- The incentive are not attracting, not motivating

Organization: general inappropriate skill mix, unnecessary quantity surplus vs. lack of needed quality at all levels

Way and Style of Working:

- Activities are fragmented, running following specific duties, following job divisions, following individual project, vertically going down, not articulated, not harmonized in time and in space, not strong, not efficient,
- The poor coordination is both internal and external. The implementation of Vientiane Declaration is still in the early stage,

Sustainable Health Financing:

- Low budget at all levels,
- The real cost of health is not yet correctly perceived in the society,
- The people participation is mainly through the direct out-of-pocket expenditure, not going through different health insurance schemes,
- The cost recovery for examination, for diagnosis, for treatment, resuscitation, rehabilitation are not completed and do not reach to the real expenses. Skills competency are not paid. Depreciation are not recovered for hospital building, medical equipments, for water and electricity fees. Between these recoveries and the recoveries in neighboring countries exist a big gap which is not in favor for the quality of services in our hospitals.

The causes of constraints, weaknesses and challenges are:

- The policy understanding of some staffs is not deep enough for resulting in creativity and consequently the implementation cannot be in full play.
- In some cases the responsibility is at not appropriate level ,
- General competency is limited,
- Organization in some units at central and peripheral levels is not strong enough,
- Some working arrangement are not so rational

Overall evaluation:

in the conditions of the market economy under the Party leadership, with the state Governance in the context of regional and global integration, with the existing fundamental contradiction

between demand and supply, with low level of departure, with limited capacities in terms of human resource, organization, working procedures, legal framework and funding, poor availability of technology and infrastructure, in such conditions, if we compare with our beginning, the achievements can be classified as good but if compared with the high demand and if we compare with the region and the world , we still have a long, very long way ahead of us. All that indicate in one side we have to make our most effort to make our own capacities building and on the other side it indicates that our development partners have to continue to provide their supports for keeping the momentum allowing us to progress more.

Lesson learned:

- Ownership,
- Harmonization,
- Alignment,
- Result-based
- Efficiency = Transparency = Accountability

PART 2: Plan, Orientations, Objectives, Strategies, Measures and Methodologies for 2020, 2015 and 2010,

Goals

- By 2020, with determination spirit bring the health sector out of the Least Developed Status alongside with the general socio-economic development.
- By 2015, resolute to achieve the health-related Millennium Development Goals

Objectives 2010-2015

	Indicator	Unit	2005	2006-07	2007-08	Plan 2010	Target 2015
I. Population							
1	Under 5 Mortality Rate	/1,000 live birth	98	75 ¹	-	75	70
2	Infant Mortality Rate	/1,000 live birth	70	59 ¹	-	55	45
3	Maternal Mortality Rate	/100.000 live birth	405	-	-	300	260
4	Life Expectancy Rate	Year	61	64 ¹	-	63.5	
5	Fertility Rate	/women	4.5	-	-	-	
II. Utilization of safe water and sanitation							
1	Utilization rate of safe water (population)	%	67	71	74	75	80
2	Utilization rate of latrine (household)	%	46	47	49	55	60
3	Utilization rate of latrine (school)	%	15	17	19	35	

By 2015:

- Complete, strengthen and modernize the complex of hospital-school-center-institute-university as a precious tool at the central and regional levels (Luang Prabang, Vientiane, Savannakhet, Champasak) for providing the staff education & training for all 3 categories in all aspects (political quality, professional and management skills) for responding to the real demand;

- Complete and strengthen the hygiene, prevention and health promotion system for ensuring the preparedness for disasters and epidemics or pandemic ;
- Strongly renovate and modernize the system for examination-diagnosis-treatment-resuscitation-rehabilitation for improving the quality services in all aspects (firstly, by modernizing the hospitals at the central and regional levels);
- Complete and strengthen the food and drug safety control and inspection system for quality assurance;
- Add and modernize necessary pharmaceutical factories in order to get the international GMP for producing and competing successfully in the market especially for necessary essential drugs and for some promising and potential medicinal resources.

Orientations:

1. The Ministry Party Committee and the Minister Committee will closely lead and supervise the implementation of the 8th Party Resolution for reaching its goals. They will review and revise the plan and targets for each program and project for short, medium and long term. They will promote more efforts for better implementing eight priority programs associated with the poverty alleviation through stopping slash-burn cultivation, promoting profession and habitat resettlement, integrated rural development in the framework of developed village and Group of villages by taking four sectors as pillars.
2. Increase the education for staffs, party members and people of all ethnicity to have necessary knowledge, understanding and capacities for having adequate lifestyle protecting and promoting their own health;
3. Strengthen the capacities for health personnel in terms of ethics, political qualities, knowledge, skills and professionalism;
4. Increase the coordination with line ministries and local authorities to solve any bottlenecks together;
5. Making change for improving the health care quality closely linked with the party building, linked with organization strengthening, with capacity building for human resources, aiming to modernize the health care system for responding to the increasing demand and for the regional and global integration. All that need the increasing inspection , control and guidance to hospitals for the quality assurance and allowing the expansion of quality services to the remote areas and to ensure the provision of equipments, instruments and drugs to the provincial, district hospitals and health centers at the large villages and the group of villages;
6. Making change in the hospital management mechanism in particular the financial mechanism beginning by central hospitals according to the Polit-Bureau Guidance;
7. Gathering the best medical specialists, the most appropriate modern technologies for operating modern hospitals at the central, regional and provincial level in order to enhance the quality of diagnosis, treatment, resuscitation and rehabilitation aiming to reduce unnecessary care seeking in foreign countries.
8. With concerned sectors (Ministry of Agriculture-Forestry, Ministry of Industry & Commerce, Ministry of Finance (tax-custom), with local authorities), necessary regulations or decrees will be drafted, submitted and enacted for food and drugs quality and safety control, for sustainable potential medicinal plants exploitation. With concerned stakeholders necessary measures will be taken to ban import-export of poor quality food and drugs or contaminated or counterfeit and dangerous to health.

9. Increase the orientation “moving down to grassroots” for improving the quality of health system in all aspect by making changes from the bottom up for supplying quality services to all citizens especially the poor, the mother & child in the remote area according the eighth Party Resolution.

8 priority programs = 8 priority campaigns = 8 groups of measures = 8 state of the art implementation = 8 Project packages

Continue to perform the implementation of health programs through the “moving down to grassroots” from the central, regional and district levels for the implementation of “ 4 contents 4 objectives ” by taking every historical days or events to strongly promote one or some important health campaigns, i.e.:

1. Strongly promoting and expanding healthy model villages with emphasis on:
 - Expand and improve quality of health services allowing universal coverage in particular at the remotest villages or group of villages;
 - Expand the improved water sources, latrines and environmental safety;
 - With the Ministry of Information-Culture in particular with the mass media, with the Ministry of Education and mass organizations at all levels strongly increase and intensify the I.E.C. education activities for both giving knowledge on health policy, on health information from the kindergarten up in order to change the mentality towards health for the whole society in particular for ethnic groups;
2. Strongly promoting maternal mortality reduction package through family planning, birth spacing, minimum 4 ANC , safe delivery, referral & emergency obstetric care, neonatal care and minimum 2-3 PNC;
3. Strongly promoting and increasing child survival activities package through safe neonatal care, exclusive breast feeding, full immunization, and integrated management of child illness (IMCI);
4. Strongly promoting nutrition activities package combined with the disasters and epidemics preparedness.
5. Strongly promoting human resource for health capacity building in all fields and aspects:
 - Skilled birth attendants, midwife, nurse,
 - Medical assistant, doctor and specialist in family medicine;
 - Specialists in surgery, anesthetics, obstetrics, gynecology, pediatrics, ear-nose-throat (ENT), ophthalmology, dentistry, laboratory, imaging techniques, public health and management, and
 - High demand advanced specialties i.e.: endo-surgery, traumatology, neurosurgery, uro-surgery , cardio-vascular surgery and oncology;
6. Strong party building, organization strengthening, mechanism, regulations and working methodologies performing through
 - Ethical, political and professional education must be provided for all health party members and staffs;
 - Strengthen and expand the leadership capabilities for all party units.
 - Clarify and improve the roles and functions for all departments, hospitals, schools, centers, institutes and projects at all levels;
 - Correctly define post description for putting the right man on the right place, for the right needs, with the right political qualities, with the appropriate technical expertise,

- with the right capacities, with the right practical skills, with right talents and aspiration as much as possible.
- Improve overall quality of the University of Health Science and medical colleges at the central and regional levels: increase and complete the rank of teaching personnel for all disciplines, improving the curriculum and infrastructure;
 - Review the master plan for health human resource development: leadership, management, technical disciplines.
 - Implement creatively the principle of “democratic centralization”,
 - Operate the integrated activities of the Complex Hospitalo-Instituto-Projecto-University at the central, regional and grassroots level;
 - Promote and reward the merit of result-based staffs, through appropriate incentives and appropriate result-based salary vs. appropriate offensive measures.
7. Promoting sustainable health financing package:
- Increase health budget for all levels;
 - Expand and unify health insurance schemes
 - Jointly with Labor, Finance ministries and development partners to educate and train health insurance staff for central, provincial and district levels; to propose a decree for giving the responsibility to the governor to develop the various insurance schemes;
 - The health insurance system will allow the hospital to shift the out-of-pocket expense to the pre-payment, creating the condition for upgrading the quality care by giving incentives and appropriate salary, and at the same time ensuring the poor in particular the mother and child to have possible access to the service free of charge.
8. Vientiane Declaration Implementation Package:
- Creatively implement Vientiane Declaration spirits: ownership, harmonization, alignment, result-based, efficiency-transparency-accountability, aiming to efficiently mobilize and use the development partners’ supports.